

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/926762

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/						51								
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47							97								
48							98								
49							99								
50							100								
TOTAL	9						TOTAL								
TOTAL	4						TOTAL								
TOTAL	1						TOTAL								

BEST AVAILABLE COPY